

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2329HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2009
NAME OF PROVIDER OR SUPPLIER FAMILY HEALTHCARE SVC EXTENDED		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 WEST CHARLESTON ALVD, SUITE 150 LAS VEGAS, NV 89102		
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H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as the result of a State licensure survey conducted on May 20, 2009.</p> <p>The state licensure survey was conducted in accordance with Chapter 449, Home Health Agencies, adopted by the State Board of Health November 28, 1973, last amended November 17, 2005.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census was zero. Zero patient files were reviewed.</p> <p>A Plan of Correction must be submitted. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The following regulatory deficiencies were identified:</p>	H 00		
H152	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be</p>	H152	<p>Tag H152 – 449.782 Personnel Policies</p> <p>1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i></p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
President/Administrator
(X6) DATE
6/19/09

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If continuation sheet 1 of 16

Bureau of Health Care Quality & Compliance

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H152	<p>Continued From page 1</p> <p>reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: NRS 449.179 (3):</p> <p>Initial and periodic investigations of criminal history of employee or independent contractor of certain agency of facility.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:</p> <p>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;</p> <p>(b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History.</p> <p>Based on employee file review and staff</p>	H152	<p><u>Continued from Page 1 H152 – 449.782</u></p> <p>The prints were sent to the Central Repository for Nevada Records of Criminal History on May 22, 2009 after confirming with the Repository that they would accept them.</p> <p>2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>Audit of all current employee files will be completed. Any deficiencies will be promptly re-fingerprinted and submitted to the Central Repository for Nevada Records of Criminal History.</p> <p>• Attachment 1 – Fingerprint Tracking Audit</p> <p>3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i></p> <p>New process initiated for tracking of fingerprints:</p> <ol style="list-style-type: none"> The Administrative Assistant to the Professional Services Director will receive a list weekly of the new hires for FHS from the United HealthCare/ Nevada HR Department. All of the employees are entered on the Fingerprint Tracking Audit sheet. During employee orientation, the employee will sign the Statement of Criminal History; obtain Agency authorization to have fingerprints completed at vendor with direction to complete the fingerprinting within 5 days. 	

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If continuation sheet 2 of 16

JUN 19 2009

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H152	Continued From page 2 interview, the facility failed to comply with NRS 449.179 for 1 of 15 sampled employees (#13). Findings include: Record review of Employee #13's file revealed, Employee #13 was hired on 11/13/08. Employee #13's file did not have results of fingerprint background check as required by NRS 449.179 (3). Interview with the agency's President on 5/20/09 revealed, Employee #13's fingerprints were completed but were not mailed out. The agency's President was unable to verbalize why the cards were not sent to the Central Repository. Severity: 2 Scope: 3	H152	<u>Continued from Page 2 H152 – 449.782</u> v. The employee brings two fingerprint cards to the Administrative Assistant once the fingerprinting is completed. vi. The Administrative Assistant tracks the fingerprinting process until the State and FBI results are received. If there is a delay, these Agencies are contacted. vii. Once the results from both Agencies are received, the information is entered into an electronic database to track the date to redo at 5 years. At that point the process listed above recurs. Continued in Attachment 1 ***** Tag H173 – 449.791 Duties of Personnel	
H173	449.791 Duties of Personnel 5. The physical therapist shall: (a) Assist the physician in the evaluation of the patient by giving functional ability tests. (b) With the physician, help to develop and implement a plan for physical therapy for the patient. (c) Instruct members of the health care team, the patient and his family in the procedures and techniques needed for his physical rehabilitation and maintenance. This Regulation is not met as evidenced by: Based on record review of the position descriptions and staff interview, the agency failed to include a specific job responsibility for physical therapists. Findings include: Review of the Physical Therapist Position	H173	1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i> No individuals were identified as being affected by the deficient practice. 2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> All job descriptions for the Physical Therapy staff have the potential to be affected. 3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i>	

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H173	Continued From page 3 Description (revised 3/27/06) revealed, a lack of documented evidence in which physical therapists shall assist the physician in the evaluation of the patient by giving functional ability tests. On 5/20/09 in the morning, interview with the President and the Professional Services Director confirmed the lack of documented evidence in which physical therapists shall assist the physician in the evaluation of the patient by giving functional ability tests. Severity: 1 Scope: 3	H173	Continued from Page 3 H173 – 449.791 i. UHC Nevada HR department will be contracted to initiate the process of revisiting FHS physical therapy job description. ii. FHS Professional Services Director will review and revise the current job descriptions to reflect the duties of the personnel as outline in the regulations and submit to UHC Nevada HR Department for finalization. Continued in Attachment 2 *****	
H174	449.791 Duties of Personnel 6. The occupational therapist shall: (a) Assist the physician in his evaluation of the patient's level of function and ability to perform activities of daily living. (b) help to develop and implement the patient's care plan. (c) Instruct members of the health care team and family who participate in the patient's occupational therapy. This Regulation is not met as evidenced by: Based on record review of the position descriptions and staff interview, the agency failed to include a specific job responsibility for occupational therapists. Findings include: Record review of the Occupational Therapist Position Description (revised 3/27/06) revealed, lacked of documented evidence in which occupational therapists shall instruct members of the health care team and family who participate in the patient's therapy.	H174	Tag H174 – 449.791 Duties of Personnel 1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i> No individuals were identified as being affected by the deficient practice. 2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> All job descriptions for the Occupational Therapy staff have the potential to be affected. 3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i> i. UHC Nevada HR department will be contracted to initiate the process of revisiting FHS Occupational Therapy job description.	

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If continuation sheet 4 of 16

JUN 19 2009

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H174	Continued From page 4 On 5/20/09 in the morning, interview with the President and the Professional Services Director confirmed, the Occupational Therapist Position Description lacked documented evidence in which occupational therapists shall instruct members of the health care team and family who participate in the patient's therapy. Severity: 1 Scope: 3	H174	<u>Continued from Page 4 H174 – 449.791</u> ii. FHS Professional Services Director will review and revise the current job descriptions to reflect the duties of the personnel as outline in the regulations and submit to UHC Nevada HR Department for finalization. Continued in Attachment 3 *****	
H176	449.793 Evaluation by Governing Body 2. A committee shall review all contracts and charters held by the agency to ascertain that: (a) Existing contracts are legal and up to date. (b) The existing contracts meet the needs of all parties involved. This Regulation is not met as evidenced by: Based on staff interview and policy review, the agency failed to formulate a policy statement indicating the agency would review all contracts. Findings include: On 5/20/09 in the afternoon, the President and the Professional Services Director indicated Policy #2.007A (last revised April 2007), policy #4.001B (last revised 8/22/01), and the agency's bylaws (approved on 5/25/00) addressed the agency's review of contracts. Policy #2.007A, policy #4.001B, and the agency's bylaws failed to indicate the necessity of reviewing contracts to ascertain whether existing contracts were legal and up to date and whether existing contracts met the needs of all parties involved.	H176	Tag H176 – 449.793 Evaluation by Governing Body 1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i> FHS Policy #6.007 "Program Evaluation" has been revised to reflect regulations as noted in NRS 449.773. 2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> As this is a general administrative policy, all patients of the agency are potentially affected by this practice. 3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i> FHS Annual Evaluation will include a review of existing contracts in accordance with Policy #: 6.007 "Program Evaluation". Attachment 4 – Policy#: 6.007 "Program Evaluation"	

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STATE FORM

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H176	Continued From page 5 Additional policy review failed to address Nevada Administrative Code 449.793(2a) and (2b). Severity: 1 Scope: 3	H176	<u>Continued from Page 5 H176 – 449.793</u> 4. <i>How will the corrective action be monitored to ensure the deficient practice will not recur? What quality assurance program will you put in place?</i> Continued in Attachment 4 *****	
H177	449.793 Evaluation by Governing Body 3. A committee shall review the management and office procedures of the agency to ascertain that: (a) The agency is being operated in the most effective and economical means while still giving quality service. (b) All office procedures are up to date, filing is correctly done and bookkeeping is meeting accepted accounting procedures and is current. (c) Equipment is in good repair an adequately meets operational needs. This Regulation is not met as evidenced by: Based on staff interview and policy review, the agency failed to formulate a policy statement indicating it would review its management and office procedures. Findings include: On 5/20/09 in the afternoon, the President and the Professional Services Director indicated Policy #4.001B (last revised 8/22/01) and the agency's bylaws (approved on 5/25/00) addressed the agency's review of management and office procedures. Policy #4.001B and the agency's bylaws failed to indicate the necessity of reviewing management and office procedures to ascertain whether all office procedures were up to date, filing was correctly done, bookkeeping was current and meeting acceptable accounting practices, and office equipment was adequate and operational.	H177	Tag H177 – 449.793 Evaluation by Governing Body 1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i> FHS Policy #: 6.007 "Program Evaluation" has been revised to reflect regulations as noted in NRS 449.773. 2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> As this is a general administrative policy, all patients of the agency are potentially affected by this practice. 3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i> FHS Annual Evaluation will include a review of office procedures, filing accuracy, accounting practices and office equipment in accordance with Policy #: 6.077 "Program Evaluation". Attachment 5– Policy#: 6.007 "Program Evaluation"	

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H177	Continued From page 6 Additional policy review failed to address Nevada Administrative Code 449.793(3b) and (3c). Severity: 1 Scope: 1	H177	<u>Continued from Page 6 H177 449.793</u> 4. <i>How will the corrective action be monitored to ensure the deficient practice will not recur? What quality assurance program will you put in place?</i> Continued in Attachment 5	
H186	449.797 Contents of Clinical Records Clinical records must contain: 3. A clinical summary from the hospital, skilled nursing facility or other health service facility from which the patient is transferred to the home health agency. This Regulation is not met as evidenced by: Based on policy review and interview, the agency failed to meet the general requirements for clinical records. Findings include: Review of the agency's policy and procedure on Contents of Clinical Record Policy #7.012(effective 2/21/01) revealed, lacked of documented evidence in which clinical records must contain a clinical summary from the hospital, skilled nursing facility or other health service facility from which the patient is transferred to the home health agency. The agency's policy and procedure stated: The minimum contents of the clinical record includes: A. Patient's name, sex, address, phone number, date of birth, and his/her legal authorized representative, if applicable. B. Information as to whether home health services after hospitalization in a hospital, skilled nursing facility or other health service facility and, if so, the dates of admission and discharge from these facilities.	H186	***** Tag H186 – 449.797 Contents of Clinical Records 1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i> No patients were affected by this practice. 2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> There are no current patients in the Extended Care Division; therefore, no patients are affected by this practice. 3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i> The Contents of the Clinical Records Policy will be revised to meet the regulatory requirement of the State Regulations to assure the policy supports the need for clinical records to have a clinical summary for the hospital, skilled facility or other health service facility from which the patient is transferred to the home health agency. The policy will be submitted to the Performance Improvement Leadership Committee for initial approval and then to the	

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If continuation sheet 7 of 16

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H186	Continued From page 7 C. Name, telephone number, and address of family/caregiver and patient representative to be contacted in the event of an emergency/death. D. Patient's primary diagnosis and prognosis. E. Legible, complete and individualized diagnostic and therapeutic orders signed by the physician within 20 working days (cross reference Policy No:3-002 and 4-003). F. Dietary restrictions, if any. G. Medication allergies or sensitivities. H. Suitability or adaptability of the home to planned services. I. Safety measures to protect the patient from injury. J. Notes for each service provided, indicating date, agency personnel and care provided. K. Record and findings of initial and ongoing assessments. L. A plan for patient care which includes: a. Objectives and approaches for providing services. b. Diagnoses of all medical conditions relevant to a plan of treatment. c. Physical traits pertinent to the plan of care. d. Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific observations to be brought to the physician's attention. e. Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each. f. Requirements of activity, such as the degree allowed and any assistance required. g. Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care. h. Nutritional needs. i. Medical supplies needed, such as	H186	Continued from Page 7 H186-449.797 Professional Advisory Group and Board of Directors for final approval. • Attachment 6 – Contents of the Clinical Record Policy 4. <i>How will the corrective action be monitored to ensure the deficient practice will not recur? What quality assurance program will you put in place?</i> The annual evaluation of the Agency program will include a review of the Contents of the Clinical Records Policy to assure the policy is maintained current with State Regulations. 5. <i>Responsible Party:</i> Professional Services Director 6. <i>Anticipated date of completion:</i> July 15, 2009 *****	

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H186	Continued From page 8 dressings or irrigation sets. j. The degree of participation of the family in the care. k. A copy of the patient's durable power of attorney. On 5/20/09, interview with the President and the Professional Services Director confirmed lacked of documented evidence in the agency's policy in which, clinical records must contain a clinical summary from the hospital, skilled nursing facility or other health service facility from which the patient is transferred to the home health agency. Severity: 1 Scope: 3	H186		
H189	449.797 Contents of Clinical Records 6. Nurses' notes that follow a good medical format, including pertinent observations regarding a patient's physical and mental status, procedures done, examinations, dietary status and recommendations. This Regulation is not met as evidenced by: Based on policy review and staff interview, the agency failed to meet the general requirements for clinical records. Findings include: Review of the policy and procedure on the Contents of the Clinical Record Policy #7.012 (effective date 2/21/01) revealed, lacked of documented evidence in which clinical records must contain nurses' notes that follow a good medical format, including pertinent observations regarding a patient's physical and mental status, procedures done, examinations, dietary status and recommendations.	H189	Tag H189 – 449.797 Contents of Clinical Records 1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i> No patients were affected by this practice. 2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> There are no current patients in the Extended Care Division; therefore, no patients are affected by the practice. 3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i> The Contents of the Clinical Records Policy will be revised to meet the regulatory requirement of the State Regulations to assure the policy supports	

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H189	Continued From page 9 The agency's policy and procedure stated: The minimum contents of the clinical record includes: A. Patient's name, sex, address, phone number, date of birth, and his/her legal authorized representative, if applicable. B. Information as to whether home health services after hospitalization in a hospital, skilled nursing facility or other health service facility and, if so, the dates of admission and discharge from these facilities. C. Name, telephone number, and address of family/caregiver and patient representative to be contacted in the event of an emergency/death. D. Patient's primary diagnosis and prognosis. E. Legible, complete and individualized diagnostic and therapeutic orders signed by the physician within 20 working days (cross reference Policy No:3-002 and 4-003). F. Dietary restrictions, if any. G. Medication allergies or sensitivities. H. Suitability or adaptability of the home to planned services. I. Safety measures to protect the patient from injury. J. Notes for each service provided, indicating date, agency personnel and care provided. K. Record and findings of initial and ongoing assessments. L. A plan for patient care which includes: a. Objectives and approaches for providing services. b. Diagnoses of all medical conditions relevant to a plan of treatment. c. Physical traits pertinent to the plan of care. d. Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific	H189	<u>Continued from Page 9 H189 449.797</u> evidence that the clinical records contain nurse's notes that follow a good medical format, including pertinent observations regarding the patient's physical and mental status, procedures done, examinations, dietary status and recommendations. The policy will be submitted to the Performance Improvement Leadership Committee for initial approval and then to the Professional Advisory Board and Board of Directors for final approval. • Attachment6 — Contents of the Clinical Record Policy 4. <i>How will the corrective action be monitored to ensure the deficient practice will not recur? What quality assurance program will you put in place?</i> The annual evaluation of the Agency program will include a review of the Contents of the Clinical Records Policy to assure the policy is maintained current with State Regulations. 5. <i>Responsible Party:</i> Professional Services Director 6. <i>Anticipated date of completion:</i> July 15, 2009 *****	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2329HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2009
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NAME OF PROVIDER OR SUPPLIER FAMILY HEALTHCARE SVC EXTENDED	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 WEST CHARLESTON ALVD, SUITE 150 LAS VEGAS, NV 89102
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H189	Continued From page 10 observations to be brought to the physician's attention. e. Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each. f. Requirements of activity, such as the degree allowed and any assistance required. g. Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care. h. Nutritional needs. i. Medical supplies needed, such as dressings or irrigation sets. j. The degree of participation of the family in the care. k. A copy of the patient's durable power of attorney. On 5/20/09, interview with the President and the Professional Services Director revealed, the agency's policy on the clinical records lacked documented evidence in which, it must contain nurses' notes that follow a good medical format, including pertinent observations regarding a patient's physical and mental status, procedures done, examinations, dietary status and recommendations. Severity: 1 Scope: 3	H189		
H190	449.797 Contents of Clinical Records 7. Therapist's notes, if applicable, stating the rehabilitative procedures, progress and the types, duration and frequency of the modalities rendered. This Regulation is not met as evidenced by: Based on policy review and staff interview, the agency failed to meet the general requirements for clinical records.	H190	Tag H190 – 449.797 Contents of Clinical Records 1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i> No patients were affected by this practice.	

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H190	<p>Continued From page 11</p> <p>Findings include:</p> <p>Record review of the agency's policy of Contents of the Clinical Record Policy #7.012(effective 2/21/01) revealed, the agency lacked documented evidence in which clinical records must contain therapists' notes, if applicable, stating the rehabilitative procedures, progress and the types, duration and frequency of the modalities rendered.</p> <p>The agency's policy and procedure indicated:</p> <p>The minimum contents of the clinical record includes:</p> <p>A. Patient's name, sex, address, phone number, date of birth, and his/her legal authorized representative, if applicable.</p> <p>B. Information as to whether home health services after hospitalization in a hospital, skilled nursing facility or other health service facility and, if so, the dates of admission and discharge from these facilities.</p> <p>C. Name, telephone number, and address of family/caregiver and patient representative to be contacted in the event of an emergency/death.</p> <p>D. Patient's primary diagnosis and prognosis.</p> <p>E. Legible, complete and individualized diagnostic and therapeutic orders signed by the physician within 20 working days (cross reference Policy No:3-002 and 4-003).</p> <p>F. Dietary restrictions, if any.</p> <p>G. Medication allergies or sensitivities.</p> <p>H. Suitability or adaptability of the home to planned services.</p> <p>I. Safety measures to protect the patient from injury.</p> <p>J. Notes for each service provided, indicating date, agency personnel and care provided.</p>	H190	<p><u>Continued from Page 11 H190 449-797</u></p> <p>2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>There are no current patients in the Extended Care Division; therefore, no patients are affected by the practice.</p> <p>3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i></p> <p>The Contents of the Clinical Records Policy will be revised to meet the regulatory requirement of the State Regulations to assure the policy supports the need for clinical records to contain therapist notes, if applicable, stating the rehabilitative procedures, progress and the types, duration and frequency of the modalities rendered. The policy will be submitted to the Performance Improvement Leadership Committee for initial approval and then to the Professional Advisory Board and Board of Directors for final approval.</p> <p>• Attachment 6 – Contents of the Clinical Record Policy</p> <p>4. <i>How will the corrective action be monitored to ensure the deficient practice will not recur? What quality assurance program will you put in place?</i></p> <p>The annual evaluation of the Agency program will include a review of the Contents of the Clinical Records Policy to assure the policy is maintained current with State Regulations.</p>	

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H190	<p>Continued From page 12</p> <p>K. Record and findings of initial and ongoing assessments.</p> <p>L. A plan for patient care which includes:</p> <ul style="list-style-type: none"> a. Objectives and approaches for providing services. b. Diagnoses of all medical conditions relevant to a plan of treatment. c. Physical traits pertinent to the plan of care. d. Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific observations to be brought to the physician's attention. e. Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each. f. Requirements of activity, such as the degree allowed and any assistance required. g. Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care. h. Nutritional needs. i. Medical supplies needed, such as dressings or irrigation sets. j. The degree of participation of the family in the care. k. A copy of the patient's durable power of attorney. <p>On 5/20/09, interview with the President and the Professional Services Director revealed, the agency's policy did not include that therapists' notes, if applicable, must contain rehabilitative procedures, progress and the types, duration and frequency of the modalities rendered.</p> <p>Severity: 1 Scope: 3</p>	H190	<p>Continued from Page 12 H190 449.797</p> <p>5. <i>Responsible Party:</i> Professional Services Director</p> <p>6. <i>Anticipated date of completion:</i> July 15, 2009</p> <p>*****</p>	

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H191	Continued From page 13	H191		
H191	<p>449.797 Contents of Clinical Records</p> <p>8. A written evaluation for services made at the time the patient is admitted for care. Regular written reevaluations for services and assessments of patients made on a continuing basis.</p> <p>This Regulation is not met as evidenced by: Based on policy review and staff interview, the agency failed to meet the general requirements for clinical records.</p> <p>Findings include:</p> <p>Record review of the Contents of the Clinical Record Policy #7.012 (effective 2/21/01) revealed, the agency lacked documented evidence in which clinical records must contain a written evaluation for services made at the time the patient is admitted for care. Regular written re-evaluations for services and assessments of patients made on a continuing basis.</p> <p>The agency's policy and procedure indicated:</p> <p>The minimum contents of the clinical record includes:</p> <p>A. Patient's name, sex, address, phone number, date of birth, and his/her legal authorized representative, if applicable.</p> <p>B. Information as to whether home health services after hospitalization in a hospital, skilled nursing facility or other health service facility and, if so, the dates of admission and discharge from these facilities.</p> <p>C. Name, telephone number, and address of family/caregiver and patient representative to be contacted in the event of an emergency/death.</p> <p>D. Patient's primary diagnosis and prognosis.</p> <p>E. Legible, complete and individualized</p>	H191	<p>Tag H191 – 449.797 Contents of Clinical Records</p> <ol style="list-style-type: none"> What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice? No patients were affected by this practice. How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken? There are no current patients in the Extended Care Division; therefore, no patients are affected by the practice. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur? The Contents of the Clinical Records Policy will be revised to meet the regulatory requirement of the State Regulations to assure the policy supports the need for clinical records to contain a written evaluation for services made at the time the patient is admitted for care. In addition, the Clinical Record will contact regular written re-evaluations for services and assessments of patients made on a continuing basis. The policy will be submitted to the Performance Improvement Leadership Committee for initial approval and then to the Professional Advisory Board and Board of Directors for final approval. <p>• Attachment6 – Contents of Clinical Record Policy</p>	

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H191	Continued From page 14 diagnostic and therapeutic orders signed by the physician within 20 working days (cross reference Policy No:3-002 and 4-003). F. Dietary restrictions, if any. G. Medication allergies or sensitivities. H. Suitability or adaptability of the home to planned services. I. Safety measures to protect the patient from injury. J. Notes for each service provided, indicating date, agency personnel and care provided. K. Record and findings of initial and ongoing assessments. L. A plan for patient care which includes: a. Objectives and approaches for providing services. b. Diagnoses of all medical conditions relevant to a plan of treatment. c. Physical traits pertinent to the plan of care. d. Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific observations to be brought to the physician's attention. e. Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each. f. Requirements of activity, such as the degree allowed and any assistance required. g. Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care. h. Nutritional needs. i. Medical supplies needed, such as dressings or irrigation sets. j. The degree of participation of the family in the care. k. A copy of the patient's durable power of attorney.	H191	Continued from Page 14 H191- 449.797 4. <i>How will the corrective action be monitored to ensure the deficient practice will not recur? What quality assurance program will you put in place?</i> The annual evaluation of the Agency program will include a review of the Contents of the Clinical Records Policy to assure the policy is maintained current with State Regulations. 5. <i>Responsible Party:</i> Professional Services Director 6. <i>Anticipated date of completion:</i> July 15, 2009 *****	

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H191	Continued From page 15 On 5/20/09, interview with the President and the Professional Service Director revealed, the agency's policy lacked documented evidence in which the clinical records must contain a written evaluation for services made at the time the patient is admitted for care, to include regular written re-evaluations for services and assessment of patients made on a continuing basis. Severity: 1 Scope: 3	H191		
H194	449.800 Medical Orders 1. A complete diagnosis must be included with the medical orders as well as any relevant problems.. This Regulation is not met as evidenced by: Based on staff interview and policy review, the agency failed to formulate a policy statement indicating the necessity of including a diagnosis with medical orders. Findings include: On 5/20/09 in the afternoon, the Professional Services Director indicated Policy #3.008B (revised on 5/25/00) addressed the medical orders section of state regulations. Policy #3.008B failed to indicate the necessity of including a diagnosis with medical orders. Additional policy review failed to address Nevada Administrative Code 449.800(1). Severity: 1 Scope: 3	H194	Tag H194 – 449.800 Medical Orders 1. <i>What corrective actions will be accomplished for those individuals found to have been affected by the deficient practice?</i> No patients were affected by this practice. 2. <i>How will you identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.</i> There are no current patient sin the Extended Care Division; therefore, no patients were affected by this practice. 3. <i>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</i> The Plan of Care Policy will be revised to meet the regulatory requirements of the State Regulations to assure the policy supports the need for the medical orders to include the requirement of a diagnosis with the medical orders. The policy will be submitted to the Performance	

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